

UTILITY PATENT APPLICATION TRANSMITTAL (for nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	CUMP.95837
	Express Mail No.	EL375170797US

Box Patent Application, Commissioner of Patents, Washington, D.C. 20231

	Last Name	First Name	Middle Initial	Residence (City /State/Zip/Country)	Citizenship
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Title:	PHOTOPOLYMERIZABLE COMPOSITIONS THAT INCLUDE ALICYCLIC/AROMATIC DIOXIRANES AND NOVEL DIOXIRANYL TETRAOXASPIRO [5.5] UNDECANES				

Enclosed are:

<input type="checkbox"/>	Non-Publication Request Under 35 U.S.C. § 122(b)(2)(B)(i)
54	pages of specification including abstract
27	sheet(s) of drawings
<input type="checkbox"/>	an assignment of the invention to:
<input checked="" type="checkbox"/>	Declaration of Inventor(s): unsigned <input type="checkbox"/> Newly executed <input type="checkbox"/> Copied from a prior application (for contin/div)
<input type="checkbox"/>	*Incorporation by Reference: the entire disclosure of the prior application, from which the copy or copies of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
<input checked="" type="checkbox"/>	small entity status is claimed.
<input type="checkbox"/>	Benefit is claimed under 35 U.S.C. 119(e) of U.S. Provisional Application No.

If a Continuing Application: Check appropriate box, and supply the requisite information below:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-Part (CIP)	of prior application no.
Prior application information:		Examiner:	Group Art Unit:

CLAIMS AS FILED				
	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$740	\$ 740
TOTAL CLAIMS	35 - 20 =	15	X \$ 18	\$ 270
INDEPENDENT CLAIMS	5 - 3 =	2	X \$ 84	\$ 168
MULTIPLE DEPENDENT CLAIM PRESENT			\$280	\$
* Number extra must be zero or larger				TOTAL \$ 1,178
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL \$ 793

<input checked="" type="checkbox"/>	A check in the amount of \$ 793 to cover the filing fee is enclosed.
<input checked="" type="checkbox"/>	Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet.
<input type="checkbox"/>	Charge the amount of \$ _____ as filing fee.
<input checked="" type="checkbox"/>	Credit any overpayment.
<input checked="" type="checkbox"/>	Charge any additional filing fees required under 37 CFR 1.16 and 1.17.

*Jean M. Dickman* 3/5/02  
Signature Date March 5, 2002

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